Health Home Quality Improvement Workgroup - 7/20/2022

Participants

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Tami Lichtenberg Iowa Medicaid	**David Klinkenborg AGP**	**Sara Hackbart AGP**
Tori Reicherts ITC	**Bill Ocker ITC**	**Flora Schmidt IBHA**
Susan Seehase IACP	**Kristi Oliver Children's Coalition**	Paula Motsinger Iowa Medicaid
Stacy Nelson Waubonsie	**Amy May Waubonsie**	**Geri Derner YSS**
Jen Cross Orchard Place	**Kim Keleher Plains**	**Andrea Lietz Plains**
Melissa Ahrens CSA	**Christina Smith CSA**	**Faith Houseman Hillcrest**
Ashley Deason Tanager	**Stephanie Millard First Resources**	**Kristine Karminski Abbe**
Shawna Kalous Plains	**Rich Whitaker Vera French**	**Jamie Nowlin Vera French**
Crystal Hall Tanager	**Brooke Johnson Abbe**	Mike Hines Tanager
Karen Hyatt DHS	Ericka Carpenter Vera French	**Kelsey Poulsen Tanager**
Krystal Arleaux Orchard Place	Kellee McCrory U of I	**Brooke Watson Iowa Medicaid**

Notes

Quality Measurement and Evaluation of the SPA

- CMS requires reporting on: Cost savings and analyses of Hospital admission rates, ER Visits, and SNF Admissions (provided in the fall) – see guidance document
- Currently we do not request information for quality measures. We have a new measure, colonoscopy.
- Identifying measurable goals and quality measures for each goal. We want to get more concrete in identifying goals and the measures to get to the goals (can use to provide some structure around the measurable goals).

- Pam - Would like to hear from you the things you have been thinking through and what you think the communication strategy should be and how we work together to accomplish this.
    - Pam - looking for what does the structure look like for us work together as quality improvement as a system (Iowa Medicaid, MCO, IHHs) and what goes into the SPA around that. Can impact how we work together as system for quality improvement. Can be more high level if needed.
        - Kristine Karminski – some quality improvement has been around how the IHHs gets data themselves, how we are able to get more frequent claims data information for quality improvement. There is lag time on claims run out. Some IHHs don't need official claims run out, may need it more regularly.
    - Pam - what does that structure look like? What is the framework?
        - Brooke Johnson - can it include individualized or be across both?
            - Pam - could be both
                - Brooke Johnson – thinking about Martha's training – depending on population, staffing, etc, there are different areas of weakness from one IHH to another. I like the freedom to create goals around process improvement for our own IHH. The more put in front of me, the more top of mind it will be.
        - Pam - Do we feel like there are no suggestions, its more about process work we do?
            - Kristine Karminski – do we want to leave broad it broad in the SPA? Yearly or applicable quality process improvement goals are set. There is already a list of Process Improvements in the SPA.
            - Pam - is the suggestion to have an annual workgroup on a small scale that recommends process improvements and goals for the next year?
                - Brooke Johnson – yes, that leaves some flexibility
                - Geri Derner - agree with that. Still struggle with quality improvement with other things that we do that feed into quality improvement. Keeping higher level will allow to tailor what we need.
                    - Jamie Nowlin – agrees
                    - Christine Smith - agrees
                    - Group - no other comments
    - **Recommendation: Quality Improvement**
        - Recommend keeping the structure broad in a way that allows Health Homes to create individual goals to meet their own organizational needs.

Individual and Family Support – SPA:

- Updated with the correct CMS Definition

Integrated Health Home Workgroup Report:

- Executive Summary
    - Kristine Karminski – service definition section – when looking in the SPA didn't see "may" and "must".
    - Pam - struggled with which one was "may" vs "must". Some are clear e.g., gaps in care, comprehensive assessment. Struggled with parsing the "may" vs the "must". Suggestions on what that should look like in the SPA?
        - Kristine Karminski- see how what would be challenging for some of the core services. There may be only some services that members need where others may need all of them. Would you like individual thoughts on each of core services regarding "may" vs "must"?
            - Pam – yes, that would be helpful. Could add language "based off the member's need"
                - Brooke Johnson- would be good to have must language for the things we absolutely need to do.
            - Pam – be thinking about - if it's based off the member needs vs the must and provide your recommendations.
    - Pam – Is there anything that was missed that needs to be added? Be thinking about this.
        - Kristine Karminski – we will be getting to this further down in our discussion but would like to see the member enrollment criteria clearer. In the 2016 SPA it outlines for child, want to look at that, if we pull that forward is that clear enough on the adult side?
- Setting the Stage:
    - No changes recommended by the group
- Diving into the Details
    - Health Home Standards
        - Rich Whitaker: HIT section it is about configuring and utilizing data and implementing the Pop Health Modules in the EHR. Most of the providers have an EHR.
            - Pam - most providers have EHRs but do not necessarily have the functionally that pulls the data from the EHR.
                - Changing from:
                    - The group asks for support for implementing an EHR that includes funding and technical assistance.
                - Changing to:
                    - The group asks for support for implementing an HER or using data within the HER that includes funding and technical assistance.
        - Lead Entity Standards

        - No changes recommended by the group
- Payment Methodologies:
    - Pam - Anything missed in this section/needs to be updated?
        - Richard Whitaker – last bullet under Informational Codes - not sure that this is the only instance. Burdens the billing office with extra duties with an informational code. If the provider can produce a report, is that an alternative method?
            - Change from:
                - If all codes must remain, providing the ability to provide a report if the billing system cannot capture all of the Health Home Services in the claim.
            - Change to:
                - If all codes must remain, allowing providers the ability to report services separately as an alternative to informational codes added to the claim.
    - Support a workgroup to consider the following section:
        - Kim Keleher – is the intent to keep the CMH and Hab at the higher tier but allow using a risk tool to put those not on CMH And Hab to be at a higher tier? Tool should capture the additional requirements.
        - Added:
            - Risk tool must capture the additional requirements for Habilitation and CMHW Care Management.
        - Pam – there was mention previously from the workgroup regarding reviewing 5 different risk tools to identify what risk tool. Shall we add this?
            - Brooke Johnson – my biggest ask is in there. Would be good to have a sampling. When talking about tier level based on risk. Where they fall high, med, low risk, the additional code would be an additional for Hab and CMH. For the discuss add on code maybe add something about reimbursement.
            - Melissa Ahrens – add it's a statistic significant sampling
            - Kristine Karminski – when looking changing to high, med, low risk tool. What is the impact to the rates? Where does that fit in?
            - Pam - Any other thoughts?
                - Richard Whitaker – Some of the risk tools are not free. Will there be some assistance with the risk tool?
                    - Kim Keleher – need a standardized risk tool. Share that concern regarding cost. Some risk tools require a subscription.
                        - Richard Whitaker– agree with Kim regarding a standardized risk tool

- Member Qualifications
  - Pam – Kristine Karminski asked for clarity on the “FI will be determined through an assessment provided by the Integrated Health Home that serves children” Will it be for any member or just for children?
    - Melissa Ahrens – for any member
      - Faith Housman - agree with Melissa.
  - Broaden the definition for what provider type can provide the diagnosis (i.e., DM/DO)
    - Kristine Karminski – on page 2 we suggest that the IHH complete the FI if not readily available by a LMHP. The broadening the definition would only be if that is approved.
- Team Qualifications
  - No changes recommended by the group
- Health Home Services
  - Kristine suggested that the activities under each health Home service could be “based on the member’s need” and “must”.

- Conclusions and Next Steps
  - Process Improvement Recommendations
    - Pam - Would like your feedback on this: Are you okay with taking these off as part of the process improvement section as they are a part of the recommendations?
      - FI Tool Workgroup
      - HIT Workgroup
        - Group agrees to remove both from process improvement section
        - Kim Keleher - functional impairment workgroup is probably the most important workgroup.
    - Kristine Karminski – regarding the chart review process. If there is a way to highlight documentation that is best practice, even if it is best practices internally, it would be helpful to have some feedback from the MCOs on what they are thinking. Does it meet standards, below standards, etc.
      - Pam – a chart review guidance document has been created and is being reviewed by the MCOs. This document includes the codes, screenshots, etc. Would that document help meet that?
        - Kristine Karminski – screenshots may be a starting point. Not sure without looking at the document.
      - Change from:
        - During the Chart review Process, providing feedback on what Health Home Service was provided that month, if different than what was documented.
      - Change to:

        - During the Chart review Process, providing feedback on what Health Home Service was provided that month, if different than what was documented. If there is a way to highlight best practice documentation, above, meets or below standards.
    - Brooke Johnson – one thing we talked about and need to take a look at is tied to Chapter 90, review on documentation.
        - Pam – LeAnn and the MCOs are working on training around this. No ETA on when this will take place
            - Added:
                - Chapter 90 review of documentation training, what is the requirement, and how is it implemented.

Wrap Up/Next Steps

- Pam to have updates from today's meeting made and back to you by Friday (7/22)
- The workgroup (Integrated Health Homes) will have 2 weeks to review
- Pam will take 1 week to make feedback changes and send final drafts back out to you.
- Pam will submit to leadership the workgroup's recommendations. Uncertain on the timeline for leadership review.
- If SPA change is required, the state usually changes those in alignment with the state fiscal year.